

## OP FEC (EVERY 21 DAYS)

Types: ONCOLOGY TREATMENT

Synonyms: FLUOROURACIL, FEC, FLOUROURACIL, 5FU, EPIRUBICIN, ELLENCE, CYCLOPHOSPHAMIDE, CYTOXAN, CYCLO, FLOUR, EPIR, ELENCE, BREAST

Cycles 1 to 4	Repeat 4 times	Cycle length: 21 days
<b>Day 1</b>		Perform every 21 days x1
<b>Appointment Requests</b>		
<b>INFUSION APPOINTMENT REQUEST</b>		
Interval: -- Occurrences: --		
<b>Labs</b>		
<input checked="" type="checkbox"/> <b>COMPREHENSIVE METABOLIC PANEL</b>		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> <b>CBC WITH PLATELET AND DIFFERENTIAL</b>		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> <b>MAGNESIUM LEVEL</b>		
Interval: -- Occurrences: --		
<input type="checkbox"/> <b>URINALYSIS, AUTOMATED WITH MICROSCOPY</b>		
Interval: -- Occurrences: --		
<input type="checkbox"/> <b>CANCER ANTIGEN 27-29 (CA BR)</b>		
Interval: -- Occurrences: --		
<b>Outpatient Electrolyte Replacement Protocol</b>		
<b>TREATMENT CONDITIONS 39</b>		
Interval: -- Occurrences: --		
Comments: Potassium (Normal range 3.5 to 5.0mEq/L)		
o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP		
o Protocol applies only to same day lab value.		
o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP		
o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO		
o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO		
o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement		
o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"		
o Sign electrolyte replacement order as Per protocol: cosign required		
<b>TREATMENT CONDITIONS 40</b>		
Interval: -- Occurrences: --		
Comments: Magnesium (Normal range 1.6 to 2.6mEq/L)		
o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP		
o Protocol applies only to same day lab value.		
o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP		
o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV		
o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV		

- o Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement
- o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- o Sign electrolyte replacement order as Per protocol: cosign required

**Provider Communication**

**ONC PROVIDER COMMUNICATION**

Interval: -- Occurrences: --  
 Comments: Verify Ejection Fraction prior to Cycle 1. Ejection Fraction: \*\*\*% on \*\*\* (date).

If patient has not had a recent MUGA or ECHO, order one via order entry. A baseline cardiac evaluation with a MUGA scan or an ECHO is recommended, especially in patients with risk factors for increased cardiac toxicity. Repeated MUGA or ECHO determinations of LVEF should be performed, particularly with higher, cumulative anthracycline doses.

**Nursing Orders**

**TREATMENT CONDITIONS 7**

Interval: -- Occurrences: --  
 Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.

**Line Flush**

**sodium chloride 0.9 % flush 20 mL**  
 Dose: 20 mL Route: intravenous PRN  
 Start: S

**Nursing Orders**

**sodium chloride 0.9 % infusion 250 mL**  
 Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose  
 Start: S  
 Instructions: To keep vein open.

**Pre-Medications**

**palonosetron (ALOXI) injection 0.25 mg**  
 Dose: 0.25 mg Route: intravenous once for 1 dose  
 Start: S End: S 1:45 PM

**dexamethasone (DECADRON) 12 mg in sodium chloride 0.9% IVPB**  
 Dose: 12 mg Route: intravenous once over 15 Minutes for 1 dose  
 Start: S

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DEXAMETHASONE	Medications	12 mg	Main	Yes
	4 MG/ML INJECTION SOLUTION				
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

**aprepitant (CINVANTI) 130 mg in dextrose**

**(NON-PVC) 5% 130 mL IVPB**

Dose: 130 mg

Route: intravenous

once over 30 Minutes for 1 dose

Start: S

End: S

**Ingredients:****Name****Type****Dose****Selected**  
Main  
Ingredient**Adds Vol.**APREPITANT 7.2  
MG/ML

Medications

130 mg

Yes

Yes

INTRAVENOUS  
EMULSIONDEXTROSE 5 % IN  
WATER (D5W) IV

Base

130 mL

Yes

Yes

SOLP (EXCEL;  
NON-PVC)SODIUM  
CHLORIDE 0.9 % IV

Base

130 mL

No

Yes

SOLP  
(EXCEL;NON-PVC) **netupitant-palonosetron (AKYNZEO) 300-0.5 mg per capsule 1 capsule**

Dose: 1 capsule

Route: oral

once for 1 dose

Start: S

End: S 5:30 PM

**Instructions:**Administer approximately 1 hour prior to  
chemotherapy. **ondansetron (ZOFTRAN), dexamethasone (DECADRON) in sodium chloride 0.9% 50 mL IVPB**

Dose: --

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

End: S 11:42 AM

**Ingredients:****Name****Type****Dose****Selected**  
Yes**Adds Vol.**ONDANSETRON  
HCL 2 MG/ML

Medications

Yes

No

INTRAVENOUS  
SOLUTIONDEXAMETHASONE  
4 MG/ML

Medications

Yes

No

INJECTION  
SOLUTIONSODIUM  
CHLORIDE 0.9 %

Base

50 mL

Always

Yes

INTRAVENOUS  
SOLUTIONDEXTROSE 5 % IN  
WATER (D5W)

Base

No

Yes

INTRAVENOUS  
SOLUTION**Supportive Care** **LORAZepam (ATIVAN) injection 1 mg**

Dose: 1 mg

Route: intravenous

once PRN

Start: S

 **LORAZepam (ATIVAN) tablet 1 mg**

Dose: 1 mg

Route: oral

once PRN

Start: S

**Antiemetics** **promethazine (PHENERGAN) injection 12.5 mg**

Dose: 12.5 mg

Route: injection

once PRN

Start: S

Chemotherapy

**fluorouracil (ADRUCIL) 500 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB**

Dose: 500 mg/m2      Route: intravenous      once over 15 Minutes for 1 dose  
Offset: 30 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	FLUOROURACIL 500 MG/10 ML INTRAVENOUS SOLUTION	Medications	500 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes

**epirubicin (ELLECE) 100 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB**

Dose: 100 mg/m2      Route: intravenous      once over 15 Minutes for 1 dose  
Offset: 45 Minutes

Instructions:  
Protect from light; VESICANT

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	EPIRUBICIN 50 MG/25 ML INTRAVENOUS SOLUTION	Medications	100 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes

**cyclophosphamide (CYTOXAN) 600 mg/m2 in sodium chloride 0.9 % 250 mL chemo IVPB**

Dose: 600 mg/m2      Route: intravenous      once over 60 Minutes for 1 dose  
Offset: 60 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	CYCLOPHOSPHAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	600 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	250 mL	No	Yes

Discharge Nursing Orders

**ONC NURSING COMMUNICATION 76**

Interval: --      Occurrences: --  
Comments:      Discontinue IV.

Discharge Nursing Orders

**sodium chloride 0.9 % flush 20 mL**

Dose: 20 mL

Route: intravenous

PRN

**HEParin, porcine (PF) injection 500 Units**

Dose: 500 Units

Route: intra-catheter

once PRN

Start: S

Instructions:

Concentration: 100 units/mL. Heparin flush for  
Implanted Vascular Access Device  
maintenance.

Post-Medications

**pegfilgrastim (NEULASTA) on-body injection  
kit 6 mg**

Dose: 6 mg

Route: subcutaneous

once for 1 dose

Start: S

End: S

Instructions:

Apply to intact, nonirritated skin on the back of  
the arm or abdomen (only use the back of the  
arm if caregiver is available to monitor  
On-body injection status).